Public Private Partnerships for Improving Health of Children in Urban Slums

National Consultative Meet on Child Survival and Development of Urban Poor Population:

November 19th , 2005,
Maulana Azad Medical College, Delhi

Dr. Siddharth Agarwal
Urban Health Resource Centre [formerly EHP India]

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Unabated Growth of the Urban Poor

2-3-4-5 phenomenon of population growth

Urban population - 285 million[1]

Urban poor estimated at 70[2] -90[3] million

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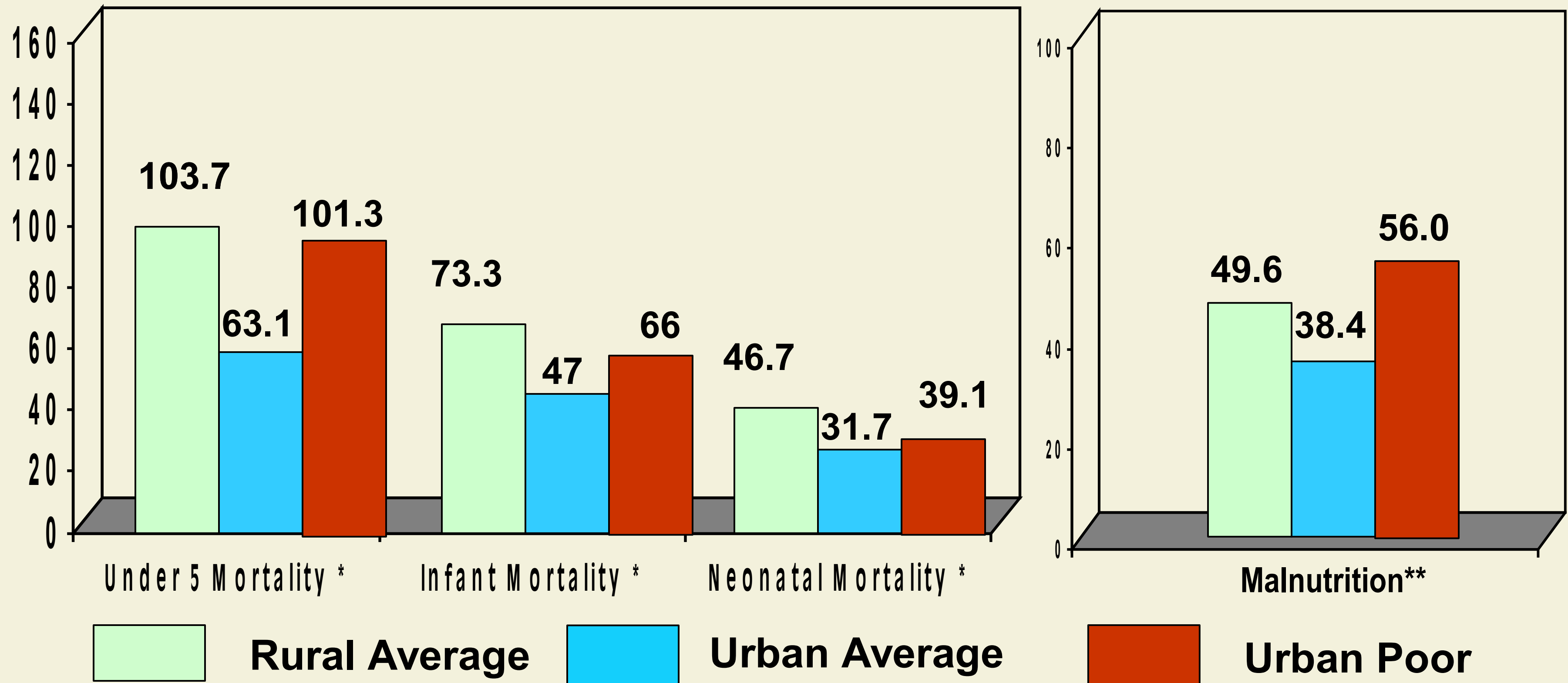
[1] 2001 Census of India.
[2] 1999-2000 NSSO (55th round) using 30 day recall of consumer expenditure.
[3] Lawrence Haddad, Marie T. Ruel, and James L. Garrett, 1999. Are Urban Poverty And Under-nutrition Growing? Some Newly Assembled Evidence.
[4] Calculated based on Total Fertility Rate of 3.0 for urban poorest quintile from Laveesh Bhandari and Shruti Shresth, Health of the poor and their subgroups in Urban areas, June 2003.

Poor Child Health and Survival among Urban Poor in India

Health conditions of urban poor are similar to or worse than rural population and far worse than urban averages



* Mortality per 1000 live births

** Weight for age <-2 SD

[Re-analysis of NFHS 2 (1998-99) by Standard of Living Index, EHP: 2003]

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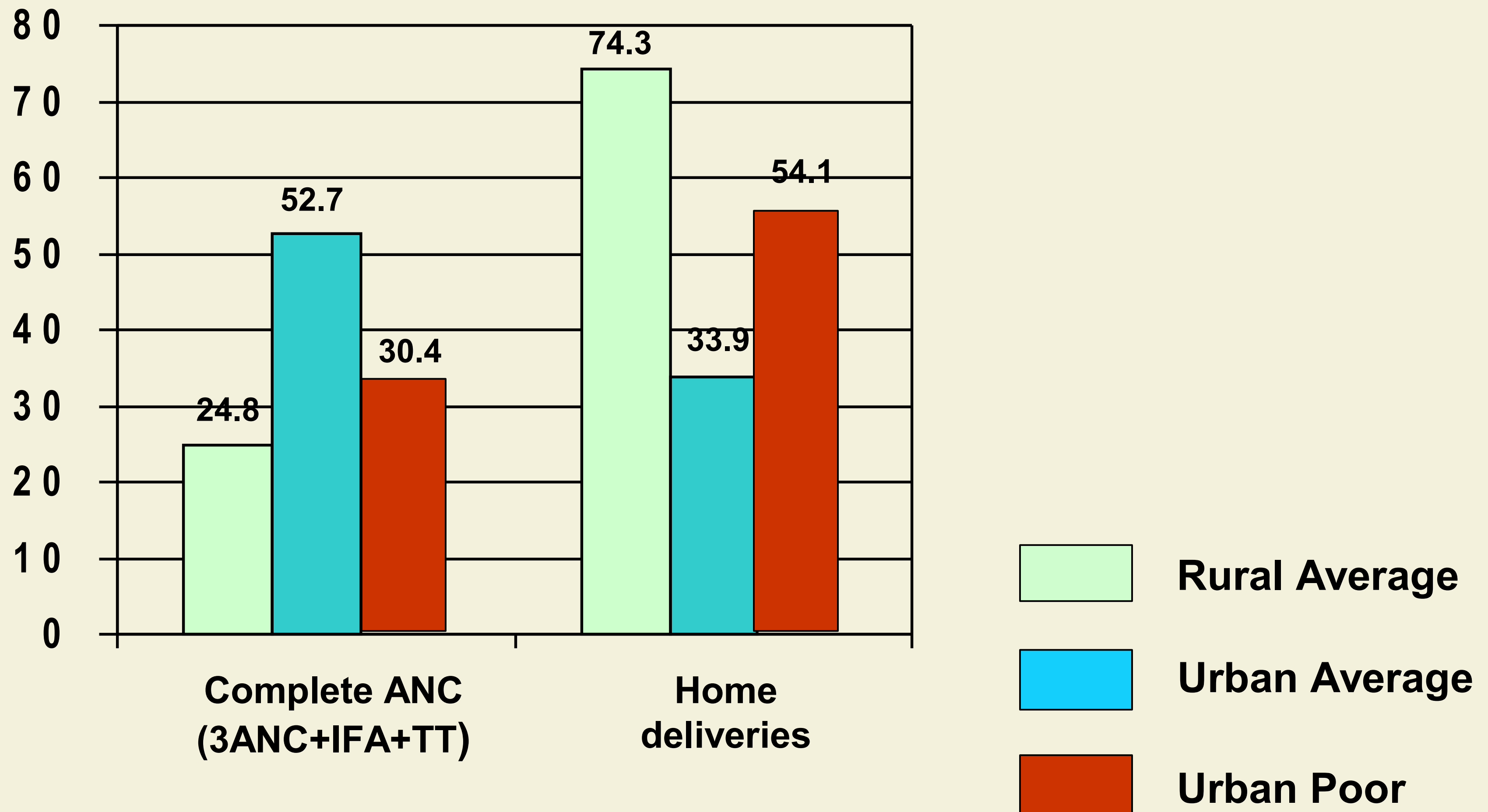
Poor Access to Health Services



> 1million babies are born every year in slum homes

Re-analysis of NFHS 2 (1998-99) by Standard of Living Index, EHP: 2003

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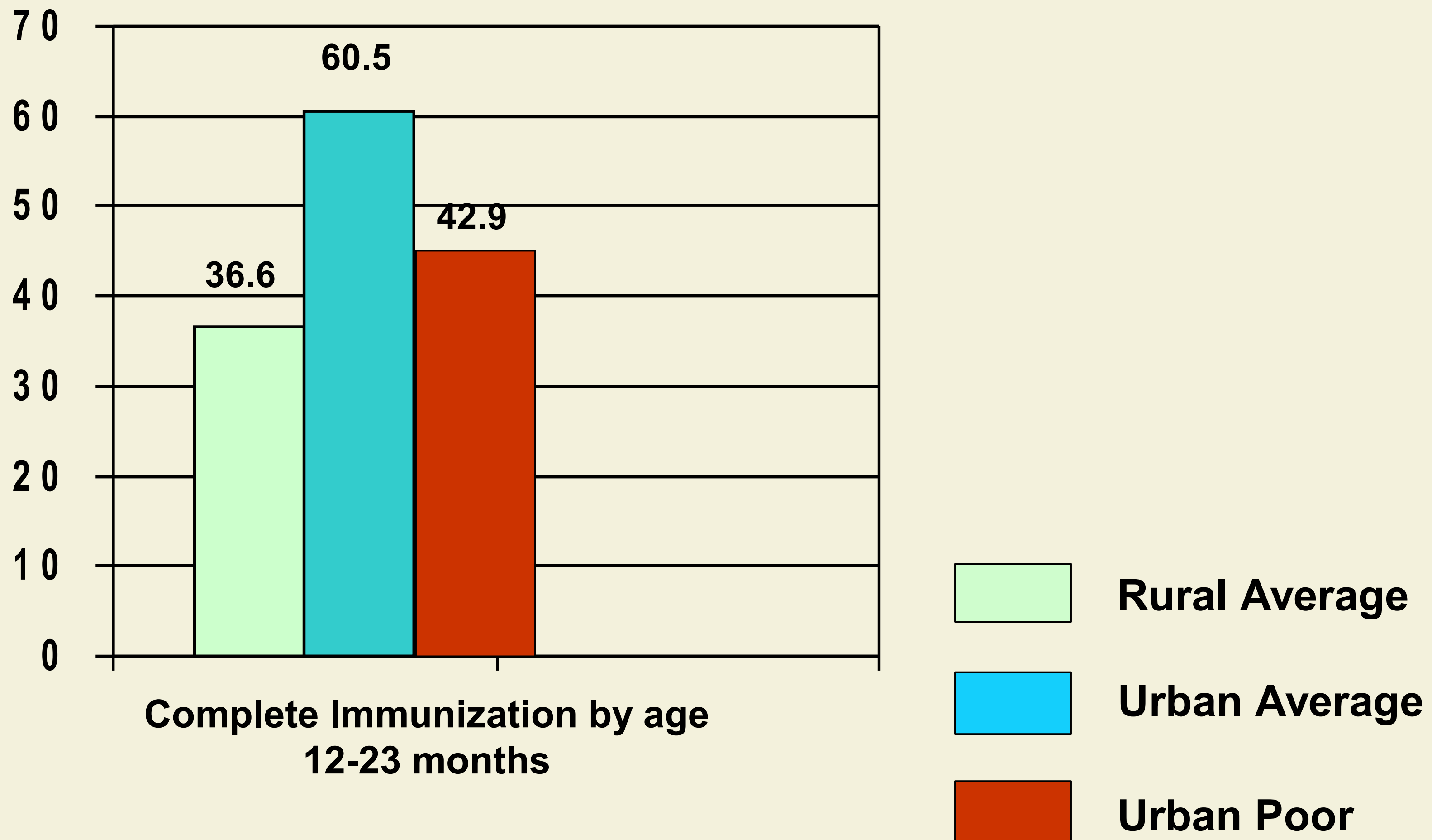
Poor Access to Health Services



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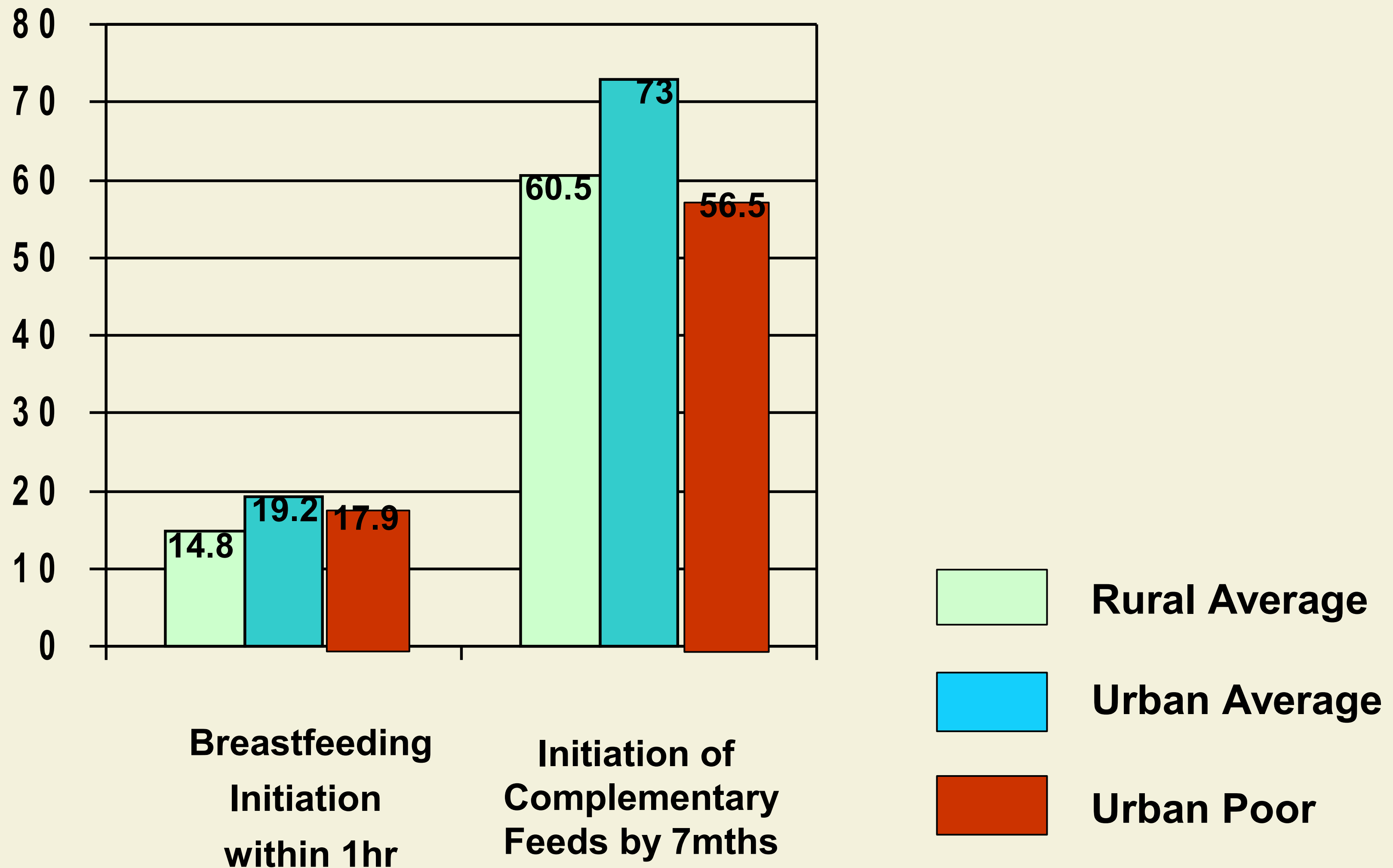
Sub-optimal Health Behaviors



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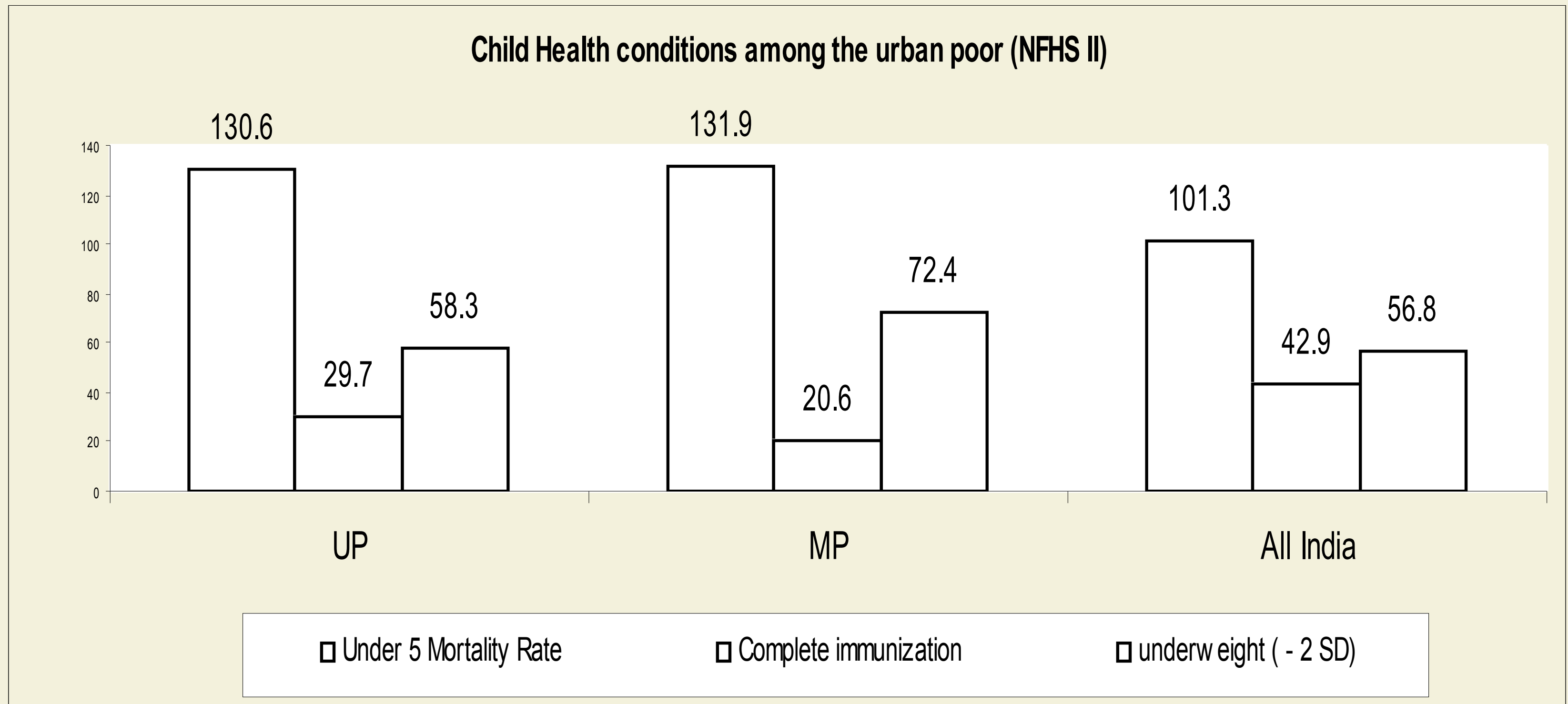
Less developed States considerably worse than National Situation



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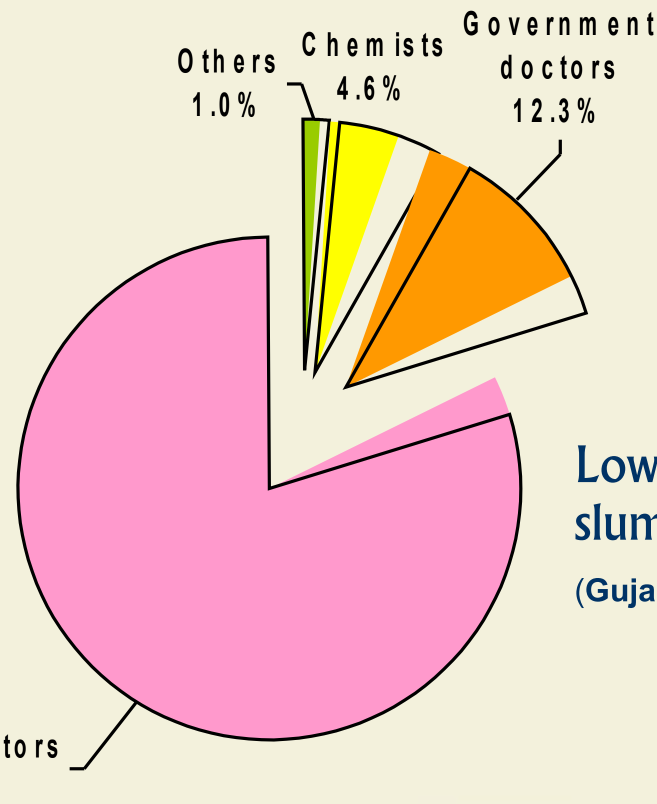
Inadequate Public Sector RCH Services

There is one UFWC/HP for about 1.5 lakh urban population



Low utilization of public health services in urban slums; private sector predominantly accessed

(Gujarat State-wide Multi-Indicator Cluster Surveys (MICSs), 1996)

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Private and Public Sectors Complement each other

Public Sector

1. Constitutional mandate, Policy backup & wide network
2. Weak planning and management systems – less flexible
3. Provision of subsidized and free health care for the poor, equal mandate for preventive measures
4. Poor quality of services at most Primary Care centres and low social access

Private Sector

Many types of providers – 85% medical professionals private, non qualified providers widely accessed

Availability of modern technology – flexibility and openness in approach

Limited willingness to serve the low profit sections; weak emphasis on preventive care. High commitment to the poor among non-profit sector

High physical and social access to the poor esp. of non qualified providers; no mechanism to monitor quality

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Potential Private Sector Partners

- Private Practitioners
- Professional Bodies
- Non-governmental Organizations
- Corporate Sector
- Media

PPP Approach # 1

Partnership with Private Practitioners

- **Part-time Outreach Services:**
  - Government Urban Slum Health Program could partner with pediatricians/obstetricians to provide honorarium-based services (immunization, treatment, counseling)
  - Time commitment required: approximately 3-4 hrs every Sunday for outreach health activities in 2 underserved slum clusters.
  - Govt. would provide vaccines, vitamin A, ORS.
  - NGO contributes social mobilization and reporting support

E.g. IPP VIII and CUDP 3 in 40 cities of West Bengal

PPP: Approach #1 contd.

Part-time Outreach Services to slums by Private Doctors

Socially Committed Private Doctor
[receives honorarium from Govt]
(about 3-4 hrs every Sunday)

Week 1 → Slum1, 3000 popln

Week 3 → Slum2, 3000 popln

Week 2 → Slum 3, 3000 popln

Week 4 → Slum 4, 3000 popln

Nodal Govt./Municipal Dispensary

1. Vaccines
2. Other supplies
3. Coordination

2nd tier Govt./Private Centre

Referral from slums to Govt. Dispensaries or 2nd tier Govt/Private centre

Social Mobilization by NGO

- Identifies and trains link workers
- Supports community mobilization
- Supports outreach services
- Builds linkage between community, health providers

District Urban RCH Unit Coordinates with private doctors, NGOs, nodal Dispensary, Coordinates periodic review

Under the govt. immunization scheme there is provision of Rs. 1400 for 4 camps to be held in a slum per month

Monthly budget: Part-time outreach services to slums by pvt. Doctor

Line items	Unit Cost			Total Budget (Rs.)
	Qty	days	Rate	
A. Personnel Cost				
(a) Part time Doctor	1	4	600.00	2,400.00
NGO Staff for community mobilization				
(a) Project coordinator (full time)	1	1	7000	7,000.00
(b) Social Mobilizer (full time)	1	1	5,000.00	5,000.00
(c) Link Volunteers (1 for 1500 population i.e. 2 for every slum cluster; no. of slum clusters -4)	8	1	500	4,000.00
personnel cost				*18,400.00*
B. Travel				
(a) Project coordinator's travel Rs.70/- per day * 10 days	1	10	70	700.00
(b) Social mobilizer's travel Rs.70/- per day * 18 days	1	18	70	1,260.00
(c) Mobility support (fuel expenses @500/- per camp) for outreach camps	1	4	500	2,000.00
Travel				3,960.00
C. Misc				2640
Total				25,000.00

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PPP: Approach #1.. contd

Other forms of Partnership with Private Doctors

- Private doctors can provide health services in government health facilities on fee sharing/part time basis. Specialists can volunteer for few hours each month. [IPP VIII Kolkata and Delhi (Arpana)]
- Govt. referred cases (neonates, obstetric, childhood illnesses) are treated at Private facility which can be then reimbursed. [e.g. TN]
- Govt. can give "child health vouchers" to parents of newborns for series of services they can avail at private doctor's facility [Kolkata, Udaipur]
- Once-a-week-OPD subsidy: Private Pediatricians (and others) can provide substantially subsidized services for the poor once a week for a specified time at their clinics [Meerut, Haridwar, many cities]

PPP Approach # 2

Potential role of IAP and other professional bodies

- **Technical and advocacy related partnership**
  - Technical Advisory Role for improved UH programming
  - Training e.g. IMNCI Plus training to MOs, ANMs, Link Volunteers (ASHA)
  - Advocacy for enhanced attention to Urban Health among Govt. and corporate sector
  - Advocacy among IAP members to provide weekly outreach services in slum
- **Partner with Govt for expanding maternal & child health services to un-reached urban poor clusters**

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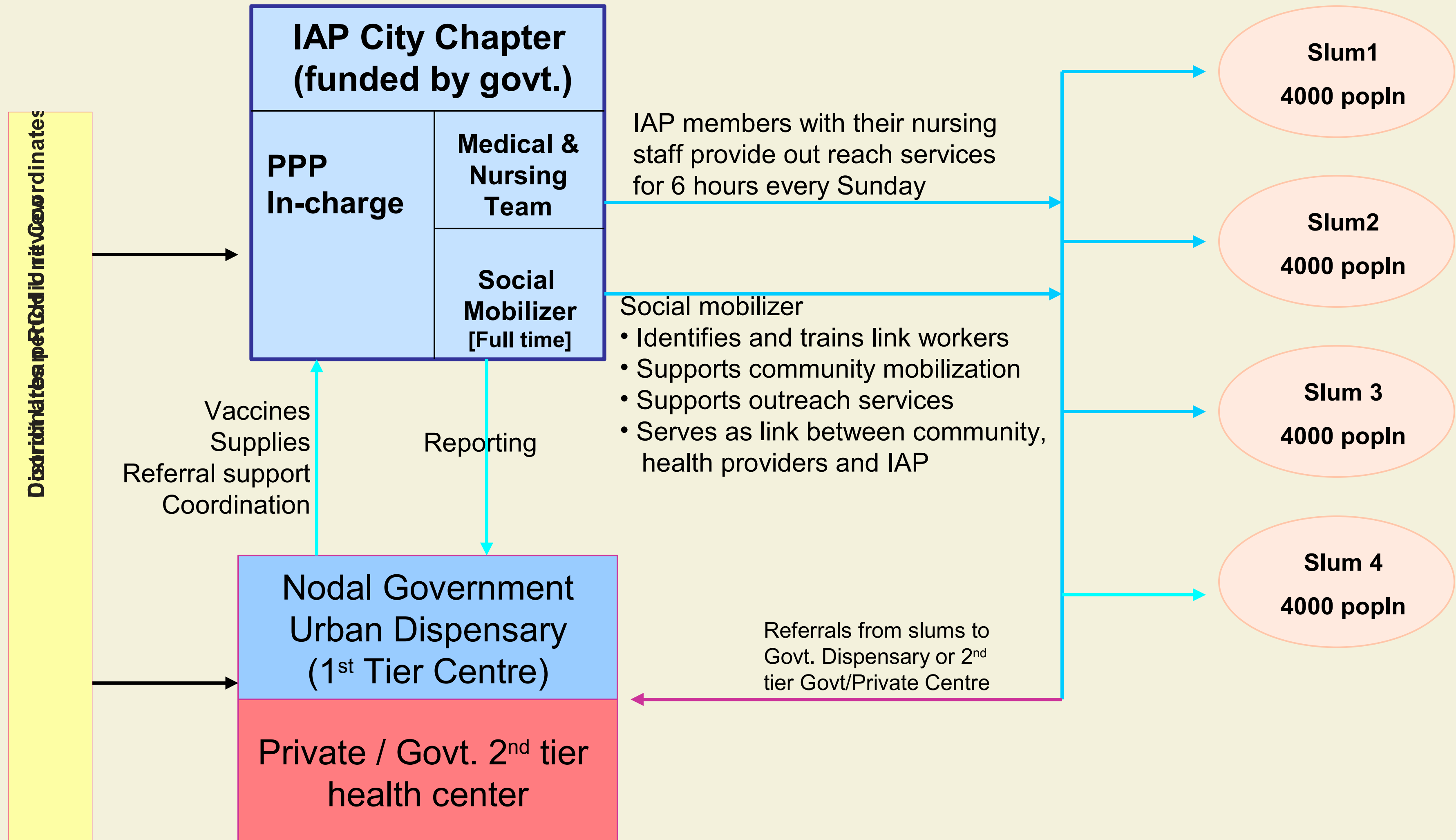
PPP Approach # 2 contd
IAP Partnership with government for expanding services



Outreach services include treatment of minor illnesses, ANC, immunization, health counseling

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Monthly IAP partnership budget

Line items	Unit Cost			
	Qty	days	Rate	Total Budget (Rs.)
A. Personnel Cost				
Medical and nursing team				
(a) Doctor (part time)	1	4	7500.00	3,000.00
(b) Auxiliary Nurse Midwive (part time)	1	4	250.00	1,000.00
Staff for community mobilization				
(a) Social Mobilizer (full time)	1	1	6,000.00	6,000.00
(b) Link Volunteers (1 for 1500 population i.e. 2 for every slum cluster; no. of slum clusters -4)	8	1	500	4,000.00
Mgt. and Supervision support				
(a) PPP incharge	1	1	8,000.00	8,000.00
personnel cost				*21,400.00*
B. Travel				
(a) Social mobilizer's travel Rs.70/- per day * 18 days	1	18	70	1,260.00
(b) Mobility support (fuel expenses @500/- per camp) for outreach camps	1	4	500	2,000.00
Travel				3,260.00
C. Misc				2340
Total				33,000.00

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PPP Approach # 3

Partnership with NGOs

- NGOs manage government health facilities for urban slum health in several states e.g. Delhi, Bangalore,
- Service delivery by NGOs using their infrastructure under a government contract (Guwahati)
- Collaboration in government health programmes (DOTS, Mother NGO scheme)
- Informal partnerships – NGOs facilitate public sector health services. E.g. Mumbai, Delhi, Bangalore, Indore

Value Addition as noted in above examples:

- Quickly expand access to child health services in slums without delays due to creating new infrastructure
- Have provided better quality and expanded range of services
- Better able to Identify and target vulnerable population
- Better able to forge ties with community and build community capacity
- Ability to coordinate with other stakeholders and garner resources/support

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PPP Approach # 4
Partnership with Social Marketing / Franchising Agencies

- Improve Access and Utilization of products like ORS, chlorine tablets/solution, contraceptives
- Bring about behavioral change – adopt good hygiene behaviors [e.g. PSI [1]]

Examples:

SIFPSA & PSI distribute ORS, safe water systems and contraceptives using social marketing.

Janani2 has improved access to RCH services through village centers (Titli) and supported by Surya Clinics

[1] http://www.psi.org/resources/pubs/Water-sep05.pdf

[2] Gopalakrishnan K. Prata N. Montagu D. Mitchell B. Walsh J. NGOs providing low cost, high quality family planning and reproductive health services, Case Study Janani India. Bay International Group Monograph Series Vol.1 No. 3-4 (2002)

PPP Approach # 5

Partnership with the Corporate Sector

- Supplement Health Investments and services needed to address urban health challenge
- Sharing of expertise pertaining to demand generation, marketing and management
- Advocacy for enhanced attention to health of urban poor population

CSR is not just charity; it is an integral part of doing business

-View expressed by several Corporate leaders

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PPP Approach # 5 .. Contd

Example of Corporate supported Urban Health Efforts:

Ranbaxy Mobile Health Clinic

Social mobilization and RCH Service Team

Slum cluster 1
5,000 popln.

Slum Cluster 2
5, 000 popln.

Slum Cluster 3
5,000 popln.

Government

1. **Vaccines**
2. **Other supplies**
3. **Coordination**

Referral to Identified FRUs/Charitable Hospital

Services provided : OPD, immunization, ANC, IUD insertions, health education, counseling, Referral and lab tests

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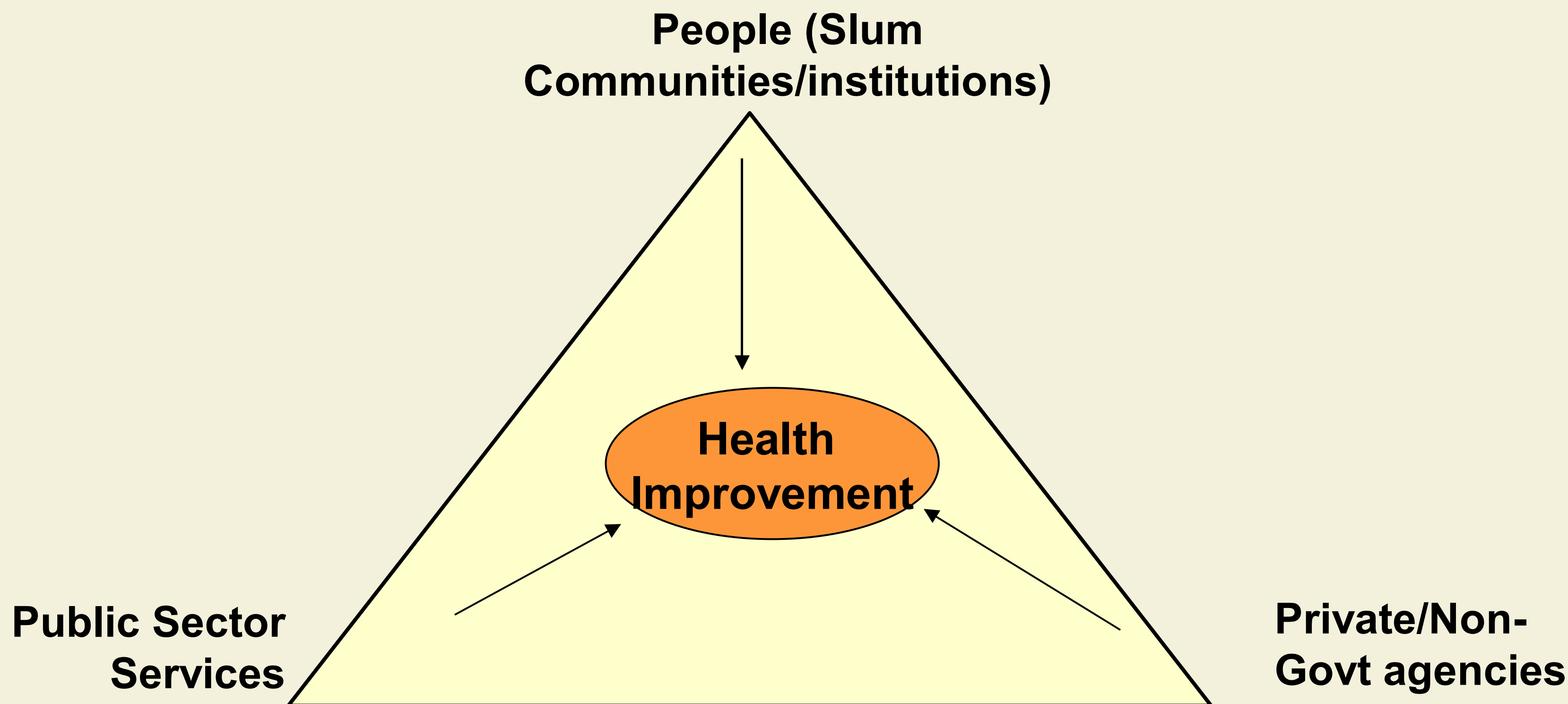
Partnership with Media

An important partner for awareness and change

- Media can create social uproar to influence politicians, other Govt. departments, corporate and highlight plight of urban poor children such as malnutrition, un-safe deliveries, lack of immunization
- Can document and disseminate best practices from working models to encourage and inspire others *e.g. SPARC-Mahila Milan, Streehitkarini, SNEHA (all Mumbai), Sumangli Sevashram Bangalore*
- Can partner for promoting health behaviors e.g immunization, breast feeding. *Examples of effective partnering with media include Pulse Polio Campaign, HIV/AIDS Awareness, Anti-Smoking Campaigns*

As we move ahead on PPP, let us remember to include the "people" as key partners



The slum communities are essential partners in this effort to achieve optimal behaviors, penetration to most- vulnerable pockets, sustain health improvements

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Key Challenges in popularizing PPP

- Limited acceptance of PPP approach among public and private counterparts
- Lack of effective mechanism for identification of appropriate NGO
- Lack of experience in developing and administering partnership instruments (MOUs, Agreements)
- Need to streamline operational aspects of partnership and fund release modalities
- Sustainability of such partnerships beyond project funding is a challenge

Suggestions for minimizing obstacles in PPP

- Mutual trust between two sectors can be enhanced through interaction/visits to successful partnership examples
- There is need to strengthen government capacity to select private partners and develop and monitor contracts
- Capacity building of NGOs to deliver health services is essential
- Service or performance based payment mechanism rather than focus on processes; as well as maintaining private partners' managerial autonomy improves outcomes.
- Approaches to sustain PPP beyond project funding need to be explored at the inception e.g. diversified funding, user fees, corpus
- Policy determinants to PPP needs to be addressed

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Time is Essence in Public Health

PPP can be an important strategy for meeting the critical public health challenge of quickly expanding services and reach to the urban under-served

PPP enables use of existing Public and Private infrastructure (where available) and capacities to expand services

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Let us work in partnership to enable slum communities to build a healthy and productive tomorrow for these children

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